Division of Health Service Regulation

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(X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING 08/25/2016 HAL051036 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 565 BOYETTE ROAD OAKVIEW COMMONS FOUR OAK8, NC 27624 (X5) COMPLETE DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSG IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) (C 000) (C 000) Initial Comments This report is of a Followup Survey done by Bob Getchell on August 25, 2016. The followup survey revealed that all deficiencies have not been corrected, therefore a new plan of Sel Hackmit correction is required. (C 164) (C 164) Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: have walls, ceilings, and floors or floor. coverings kept clean and in good repair; (2) have no chronic unpleasant odors; have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations of the entire facility the walls, ceilings and floors are not clean and in good repair. Followup Findings on August 25, 2016 include: Door frames are gouged and scarred and require touch up painting and repair. NOTE: This work is about 50% complete. Facility corridor walls are marred and require touch-up painting and repair. NOTE: This work is about 50% complete. (C 189) Building Equipment Maintained Safe, Operating (C 189) SECTION .0300 - PHYSICAL PLANT Division of Health Service Regulation LARGRATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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PRINTED: 09/15/2016 FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 01 B. WING 08/25/2016 HAL051036 STREET ADDRESS, CITY, STATE, ZIP GODE NAME OF PROVIDER OR SUPPLIER 565 BOYETTE ROAD **OAKVIEW COMMONS** FOUR OAKS, NC 27524 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PREFIX ΙD (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE TAG REGULATORY OR LSG IDENTIFYING INFORMATION) TAG DEFICIENCY) (C 189) Continued From page 1 (C 189) 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. Su stackment (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation the facility's fire safety. equipment is not being maintained in working order. Followup Findings on August 25, 2016 include: Staff responsible for assisting with evacuation. did not carry keys for the keyed manual override switch. (Keys hanging in Med Room) 4. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Followup Findings on August 25, 2016 include: a. Library - One leaf of the double doors to the corridor did not latch, the latch mechanism would not operate.. Based on observation there is a failure to maintain the facility's fire safety systems in a safe

Followup Findings on August 25, 2016 include:

 a. Laundry - There is a gap around the piping for the water heater where it penetrates the fire

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/OLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/OLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
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		HAL051036	B. WING		08/25/2016	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP GODE						
565 BOYETTE ROAD						
OAKVIEW COMMONS FOUR OAKS, NC 27524						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR USO IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	PROVIDER'S PLAN OF CORRECTION (AGH CORRECTIVE ACTION SHOULD RE DESCREPERENCED TO THE APPROPRIATE DEFICIENCY) (X8) COMPLETE DATE	
(C 189)	Continued From page 2		(C 189)			
	resistant rated ceiling. NOTE: Unrated fire foam					
	product used to firestop.		}			
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September 30, 2016

Re: Facility: Four Oaks Senior Living (Formally Oakview Commons)(DePaul) under new management as of September 1, 2016 (Affinity Senior living)

565 Boyette Rd.

Four Oaks, NC 27524

License# HAL 051-036

County: Johnston County

Dear Mr. Bob Getchell

Enclosed is the Plan of Correction for the attached survey. Affinity Senior Living acquired ownership of Oakview Common (DePaul) on September 1, 2016. If you have any further question please contact me at (919)-963-2011 or via email ovco.adm@affinitylivinggroup.com

Thank you,

Roka Groon

Interim Executive Director

Plan of Correction for DHSR Construction Follow up Survey of Aug. 25, 2016

Facility: Four Oaks Senior Living (Formally Oakview Commons) under new management as of September 1, 2016

565 Boyette Rd.

Four Oaks, NC 27524

License# HAL 051-036

County: Johnston County

C 164 Physical Plant 10A NCAC 13F .0306 Housekeeping and Furnishing

- (a) Door frames are being painted and repaired -Date of Completion: October 20, 2016
 - (b) Corridor walls are being painted and repaired-Date of Completion: October 20, 2016

C 189 Building Equipment Maintained Safe, Operating 10A NCAC 13F .0311 Other Requirements

- (b) Manual override key is on the Supervisor in Charge keys ring and a key is located in the med rooms on each unit. Staff has been in serviced by management. Completion Date: 9/30/2016
- 4. (a) Library- door was repaired to latch. Mechanism does operate-Completion 9/30/2016
- 5. (a) Laundry- gap was sealed with fire caulk- Completion 10/5/2016